

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES STANDARDS
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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HOSPITAL

NAME AND ADDRESS: Apollo Surgical Center
OF FACILITY: 2750 South River Road, Des Plaines, Illinois 60018

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
	<p>On survey date 2/29/16 a licensure survey was conducted at Apollo Surgical Center in Des Plaines, Illinois. The Facility is in compliance with Illinois Administrative Code 77 Ill: Public Health Chapter I: Department of Public Health Subchapter b: Hospital and Ambulatory Care Facilities Part 205 Ambulatory Surgical Treatment Center licensing requirements.</p> <p>The Facility is a multi specialty center that includes: Gynecology; urology; gastroenterology; ophthalmology; orthopedics; podiatry; general surgery; cosmetic surgery; and pain management. Hours of operation are: 7:00 AM to 4:00 PM and operate only on Fridays. Average 10 cases per month.</p>		<p align="center">RECEIVED OHCR HCF & P 2016 MAR - 1 P 3: 22</p>

DATE OF SURVEY 2/29/16

BY 15168
(Surveyor)

(Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____

Illinois Department of Public Health
Division of Health Care Facilities and Programs
Ambulatory Surgical Treatment Center
Survey Report

Nursing Survey: Type Initial Resurvey Complaint 152260

Name of Facility: APOLLO SURGICAL CENTER Date of Survey: 9-15

Address: 2750 S. RIVER ROAD Name of Surveyor(s) C. OSTRUM

City: DES PLAINES Zip: 60018

Name of Administrator: VERA SCHMIDT Telephone number: 847-255-7400

Comments: * NO PATIENTS SCHEDULED FOR SURGERY

UNTIL 10/30/15.

* NO SURGICAL STAFF AVAILABLE FOR INTERVIEW

IN COMPLIANCE PER POLICY & RECORD REVIEW

NO OBSERVATIONS NOTICABLE



APOLLO Surgical Center

Phone: 847.255.7400 Fax: 847.398.4585

E-mail: Apollo@officegci.com Website: www.ApolloSurgicalCenter.com

Future Facility Address:
2750 South River Road
Des Plaines, IL 60018

Administration Office:
1640 N. Arlington Heights Rd.
Suite 110
Arlington Heights, IL 60004

March 13, 2014

Sent Via UPS Overnight

Karen Senger, RN, BSN
Supervisor of Central Office Operations Section
Division of Health Care Facilities and Programs
Illinois Department of Public Health
525 West Jefferson Street
4th Floor
Springfield, IL 62761-0001

Dear Ms. Senger,

On March 6, 2014 we received the Statement of Deficiencies from our IDPH Survey.

Enclosed please find our Plan of Correction. All items have been completed.

Sincerely,

7(1)(b)

Vera Schmidt
Administrator
Apollo Health Center, Ltd.

RECEIVED OHCR HCF&P
2014 MAR 14 A 11:33

3/17/14

7(1)(b)

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**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
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NAME AND ADDRESS OF FACILITY: Apollo Health Center, Ltd., 2750 So. River Rd., Des Plaines, IL 60018

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205.230(a)(1)	<p>Standards of Professional Work</p> <p>The membership of the consulting committee shall reflect the types of procedures performed. If the facility performs more than 50 procedures per month or more than 10% of the total procedures performed are in a specific specialty area then there shall be consulting physician of that specialty on the consulting committee.</p> <p>Based on document review and interview, it was determined for 1 of 3 surgical specialties (gastrointestinal) (GI) expected to perform approximately 33% of the surgical procedures, the facility failed to ensure a GI physician was on the consulting committee.</p> <p>Findings include:</p>		

DATE OF SURVEY 2/11/14

BY 19843
(Surveyor)

7(1)(b)
(Provider's Representative)

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205.230(a)(1) continued	<p>1. The facility's Bylaws, undated, were reviewed on 2/11/14 at 1:00 PM. The Bylaws required, "7.1. The Consulting Committee is the organization components to which the Center's Board of Directors delegates responsibilities relating to, and exact accountability for the quality and appropriateness of patient care and professional performance...</p> <p>The Consulting Committee shall be made up of members of Administration, qualified surgeons, anesthesiologists, pathologists, and other consulting physicians consisting of not less than three (3) members who shall establish the required standards commensurate with the size, scope, extent and complexity of service programs and procedures for which the Center is licensed."</p>		

7(1)(b)

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205.230(a)(1) continued	<p>2. On 2/11/14 at 9:00 AM, an interview was conducted with the Administrator. The Administrator stated the Governing Body was the same as the Consulting Committee and the Governing Body meeting minutes were the same as the Consulting Committee's. The Administrator stated that a GI physician had not participated in the Governing Body/Consulting Committee meetings.</p> <p>3. On 2/11/14 at 10:00 AM, the Governing Body (Consulting Committee) meeting minutes for the past 12 months were reviewed. Meetings were held on 3/20/13, 1/27/14, and 2/5/14. There was no GI physician in attendance during the meetings.</p>	<p>205.230(a)(1)</p> <p>See Consulting Committee Minutes. Vera Schmidt, Chief of Operations, will ensure that all physicians receive notice of meetings and that each specialty is represented as the meetings.</p>	3/14/2014

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205.230(a)(1) Continued	4. On 2/11/14 at 11:00 AM, an interview was conducted with the Medical Director. The Medical Director stated the ASC would be performing obstetric, GI, and urology procedures and expected each specialty to do approximately one third of the surgical cases.		

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205.230(a)(2)	<p>The consulting committee shall review development and content of the written policies and procedures of the center, the procedures for granting privileges, and the quality of the surgical procedures performed. Evidence of such review shall be recorded in the minutes.</p> <p>Based on document review and interview, it was determined the consulting committee failed to review the procedures for granting privileges and the quality of the surgical procedures performed. (The facility is currently licensed as a pregnancy termination facility.) This affected all past and future surgical patients.</p> <p>Findings include:</p>		

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205.230(a)(2) continued	<p>1. On 2/11/14 at 9:00 AM, an interview was conducted with the Administrator. The Administrator stated the Governing Body was the same as the Consulting Committee and the meeting minutes were the same.</p> <p>2. On 2/11/14 at 10:00 AM, the Governing Body (Board of Directors) meeting minutes for the past 12 months were reviewed. Meetings were held on 3/20/13, 1/27/14, and 2/5/14. There was no discussion of the procedures for granting privileges or the quality of the surgical procedures currently being performed. There were no separate Consulting Committee meeting minutes.</p>	<p>205.230(a)(2)</p> <p>See Consulting Committee Minutes. The Consulting Committee has reviewed and discussed the procedures. Vera Schmidt will ensure procedures for granting privileges and the quality of the surgical procedures are discussed at the Consulting Committee.</p> <p>The Board of Directors approves the Consulting Committee's minutes.</p>	3/14/2014

DATE OF SURVEY 2/11/14

BY 1983

(Surveyor)

(Provider's Representative)

7(1)(b)

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205.230 (b)(2)	<p>Standards of Professional Work</p> <p>The Medical Director shall be responsible for the implementation of medical policies and procedures contained in the facility's policy and procedure manual (Section 250.240) governing the professional personnel involved directly in the care of patients undergoing surgical procedures, including their preoperative and postoperative care and follow-up.</p> <p>Based on document review and interview, it was determined, the facility failed to ensure the surgical count policy was accurate, affecting all future surgical patients.</p>		

DATE OF SURVEY 2/11/14 BY 19843
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205.230 (b)(2) continued	<p>1. Facility policy titled, "Counts of Sponges, Needles and Knife Blades (invasive)", with no date, was reviewed on 2/11/14 at 11:15 AM. The policy required, "E. If an item cannot be found... An X-ray should be taken to determine if the item is in the patient."</p> <p>2. An interview was conducted with the Administrator on 2/11/14 at 11:00 AM. The Administrator stated the facility did not have an X-ray machine and the patient would have to be sent out of the facility if needles did not match the count.</p>	<p>205.203(b)(2)</p> <p>1. & 2. See Consulting Committee Minutes. The policy has been changed and approved by the Committee (See Enclosure). The Medical Director will be responsible to keep clinical policy and procedures current and relevant to the surgical cases.</p>	3/14/2014

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205.310 (b)	<p>Personnel Policies</p> <p>The ambulatory surgical treatment center shall check the status of all applicants with the Health Care Worker Registry prior to hiring.</p> <p>Based on document review and interview it was determined for 10 of 10 (E# 1 - 10) non registered nurse files reviewed, the facility failed to check the status of the employees on the Health Care Worker Registry.</p> <p>Findings include:</p> <p>1. The facility policy titled "Personnel - Employment Application" (approved 1/27/14), required, "Surgery center regulations require that <u>ALL</u> employees be screened through the Illinois Nurses' Aide Registry."</p>	<p>205.310(b)</p> <p>See Consulting Committee Minutes.</p> <p>All non-licensed healthcare workers have been screened through the Illinois Nurses' Aide Registry. Vera Schmidt, Chief of Operations, will ensure ongoing compliance.</p>	3/14/2014

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205.310 (b) continued	<p>2. The personnel files of 10 non registered nurses staff members (E#1 - #10) were reviewed on 2/11/14. The 10 employees gave permission to have their status checked on the registry; however, there is no documentation of this occurring.</p> <p>3. During an interview on 2/11/14 at approximately 11:00 AM, the Administrator stated, "we have not done any status checks because the staff are not nursing assistants."</p>		

DATE OF SURVEY 2/11/14

BY 1983
(Surveyor)

7(1)(b)
(Provider's Representative)

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**Special Meeting of the Consulting Committee
Apollo Health Center, Ltd.**

March 12, 2014

Present: Vera Schmidt, Administrator
Nisha Patel, M.D.
Vijay Goyal, M.D.

Vinod Goyal, M.D. - Medical Director/GYN
Gordon Gluckman, M.D. - Urology
Arun Ohri, M.D. – Gastroenterology

I. Call to Order

Meeting called to order at 1:30pm by Vera Schmidt.

II. Reading of the Notice Calling the Meeting

This special meeting of the Consulting Committee is being held to address the findings of the February 11, 2014 IDPH Statement of Deficiencies.

IV. Transaction of Business for which the Meeting was Called

The Consulting Committee has reviewed the Policy and Procedure Manual for the surgical center and has implemented the following:

1. Membership of the Consulting Committee shall reflect the types of procedures performed. The following current surgical specialties (Gastroenterology, Urology, and Gynecology) must be represented at the meetings.
2. The Center's policy and procedure for granting privileges has been found to be complete and appropriate. The following physicians have been granted privileges:
 - a. Vinod Goyal, M.D. – GYN, Medical Director
 - b. Gordon Gluckman, M.D. – Urology
 - c. Arun Ohri, M.D. – Gastroenterology
 - d. Paul Fahrenbach, M.D. – Gastroenterology
 - e. Sampath Chennamaneni, M.D. – Anesthesiology
 - f. Nisha Patel, M.D. – Family Practice
 - g. Vijay Goyal, M.D. – General Practice
 - h. Nichole Williams, M.D. – Uro-Gynecology
3. The Center's list of approved surgical procedures has been reviewed and accepted.
4. The Center's Nursing Policy and Procedure manual has been updated to reflect the approved surgical procedures.

Regarding Nursing Policy: "Counts of Sponges, Needles, and Knife Blades"
Section XI.A, Procedure E.3: "An X-ray should be taken to determine if the item is in the patient."

The Center does not perform X-rays. Vera Schmidt has researched this matter and has found the following:

- i. Research shows that the smallest needle that could be visualized on an X-ray is 5-0 suture and that a 6-0 suture is very difficult to visualize. (Macilquham MD, Riley RG, Grossberg P. Identifying lost surgical needles using radiographic techniques. AORN J 2003 Jul; 78(1):73-8.)
- ii. A review of our current list of procedures demonstrates that our “invasive” procedures are actually minimally invasive; incisions are superficial and small and do not require any large incisions and/or open wounds.
- iii. A discussion with the surgeons found that when there is a discrepancy in the count, they did not feel the need for mandatory X-ray follow-up the type of procedures they will perform.

This research justifies the removal of Procedure E.3 in this policy.

5. Per IDPH recommendations, all employees will be screened through the Illinois Nurses’ Aide Registry. Vera Schmidt had previously investigated whether or not medical assistants needed to be screened and was told by the Registry that it was only for Nurses’ Aides. Nevertheless, all non-licensed healthcare workers have been screened and no negative finds were found. The Nurses’ Aide Registry screening has been added to the Personnel section of the Policy and Procedures Manual.

III. Adjournment

Having no further business, the meeting is adjourned

Approval of Minutes:

7(1)(b)

Vera Schmidt, Administrator

7(1)(b)

Vinod K. Goyal/M.D., Medical Director

COUNTS OF SPONGES, NEEDLES AND KNIFE BLADES**POLICY:**

Sponge, needle and knife blade counts are at the discretion of the physician to account for all items used during a procedure.

PROCEDURE:

- A. Counts shall be made as follows: once prior to incision, as added to case, and before closure of incision.
- B. The scrub person and circulating person carry out counts concurrently. The circulating personnel documents and signs for the counts.
- C. Once the first count is taken, nothing should be removed from the operating room until after the final count.
- D. The circulating person informs the surgeon of the count status.
- E. If an item cannot be found:
 1. Inform the surgeon.
 2. A complete inspection of the sterile area and operating suite is performed.
 3. The surgeon shall perform a visual and manual search of the wound to try and locate the missing item.
 4. The surgeon will determine how to follow up with the patient.
 5. Initiate an incident report

CREDENTIALING POLICY FOR PERSONNEL

POLICY:

A review of all credentials and references for all new personnel shall be performed.

OBJECTIVE:

- A. The assurance that patient care is by qualified competent staff.
- B. The assurance that state licensing requirements, when applicable, have been met by the employee.

PROCEDURE:

- A. Licensed Staff will have their license verified by IDFPR License Look-Up Verification. The report from License Look-Up and copies of the employees' current licenses shall be placed in their personnel file.
- B. Non – Licensed healthcare workers will be screened through the Illinois Nurse's Aide Registry and the result of the report shall be placed in their personnel file.

**Special Meeting of the Board of Directors
Apollo Health Center, Ltd.**

March 7, 2014

Present: Vera Schmidt, Administrator
Nisha Patel, M.D.

Vinod Goyal, M.D. - Medical Director
Vijay Goyal, M.D.

I. Call to Order

Meeting called to order at 1:00pm by Vera Schmidt.

II. Reading of the Notice Calling the Meeting

This special meeting of the Board of Directors is being held to address the findings of the February 11, 2014 IDPH Statement of Deficiencies and to establish the Consulting Committee.

IV. Transaction of Business for which the Meeting was Called

Membership of the Consulting Committee must reflect the types of procedures performed.

The following members have been appointed to the Consulting Committee:

- Vera Schmidt, Chief of Operations
- Vinod Goyal, M.D., Medical Director - Gynecology
- Gordan Gluckman, M.D.- Urology
- Arun Ohri, M.D. - Gastroenterology

Other Professional staff may also participate in the Consulting Committee as needed.

The Consulting Committee will meet at least quarterly or as needed.

The appointed Consulting Committee will meet on March 12, 2014 to address the findings of the IDPH survey. The Plan Of Correction must be submitted within 10 day (received on March 6, 2014).

III. Adjournment

Having no further business, the meeting is adjourned

Approval of Minutes:

7(1)(b)

Vera Schmidt, Administrator

7(1)(b)

Vinod Goyal, M.D., Medical Director

**Special Meeting of the Board of Directors
Apollo Health Center, Ltd.**

March 13, 2014

Present: Vera Schmidt, Administrator
Nisha Patel, M.D.

Vinod Goyal, M.D. - Medical Director
Vijay Goyal, M.D.

I. Call to Order

Meeting called to order at 1:00pm by Vera Schmidt.

II. Reading of the Notice Calling the Meeting

This special meeting of the Board of Directors is being held to approve the minutes of the Consulting Committee.

IV. Transaction of Business for which the Meeting was Called

The Consulting Committee Minutes of the March 12, 2014 meeting have been reviewed and accepted.

The IDPH Plan of Corrections has been completed and is ready to send to IDPH today.

III. Adjournment

Having no further business, the meeting is adjourned

Approval of Minutes:

7(1)(b)

Vera Schmidt, Administrator

7(1)(b)

Vinod Goyal, M.D., Medical Director



Pat Quinn, Governor

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

December 11, 2013

Ms. Vera Schmidt, Administrator
Apollo Health Center Ltd
2750 South River Road
Des Plaines, IL 60018-

Initial Licensure Survey

Re: Apollo Health Center Ltd
Des Plaines
New ASTC
IDPH No: 9763

Dear Ms. Schmidt:

On December 10, 2013, an Initial licensure follow up inspection was conducted for the purpose of determining compliance with the requirements of the "Ambulatory Surgical Treatment Center Licensing Requirements" (77 Ill. Adm. Code 205) and the 2000 Edition of NFPA 101, Life Safety Code.

At this time, it has been determined that the above listed facility is in compliance with the physical environment requirements of the Act and Codes. It will be necessary for a nursing survey to be conducted prior to receiving the license. This recommendation has been forwarded to the Central Office Operations Section for the scheduling of the nursing survey. A license must be issued prior to treating patients.

If you have any questions about this approval, please do not hesitate to call us at 217-785-4264. The Department's TTY number is 800/547-0466, for use by the hearing impaired.

Sincerely,

7(1)(b)

Henry Kowalenko, Division Chief
Division of Life Safety and Construction

Cc: Mr. David Schaefer
David A. Schaefer Architects PC
2500 S. Highland Avenue, Suite 340
Lombard, IL 60148-

Toni Colón - Deputy Director - IDPH

Karen Senger, Supervisor - Central Office Operations Section, IDPH

Improving public health, one community at a time

printed on recycled paper

OMNIBUS BILL OF SALE AND ASSIGNMENT

THIS OMNIBUS BILL OF SALE AND ASSIGNMENT (this “**Instrument**”), dated as of October 31, 2016, is made and delivered pursuant to, and subject to the terms of, that certain Asset Purchase Agreement, dated as of August 5, 2016 (the “**Purchase Agreement**”), by and among APOLLO SURGICAL CENTER, LLC, an Illinois limited liability company (“**Seller**”), and each member of Seller, and UROPARTNERS SURGERY CENTER, LLC, an Illinois limited liability company (“**Purchaser**”). Capitalized terms not otherwise defined in this Instrument will have the meanings given to such terms in the Purchase Agreement.

Recitals:

WHEREAS, pursuant to the Purchase Agreement, Seller has agreed to sell, assign, transfer, convey and deliver to Purchaser, and Purchaser has agreed to purchase, acquire and receive from Seller, the Acquired Assets.

WHEREAS, Purchaser and Seller now desire to evidence and effectuate the transfer and conveyance of the Acquired Assets from Seller to Purchaser.

NOW THEREFORE, in consideration of the mutual covenants set forth in the Purchase Agreement and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Purchaser and Seller hereby covenant and agree as follows:

1. Assignment and Sale. As of the Closing, Seller does hereby sell, convey, transfer, assign and deliver to Purchaser all of the Acquired Assets. Purchaser acknowledges that neither Seller, nor any member of Seller, makes no representation or warranty with respect to the Acquired Assets except as specifically set forth in the Purchase Agreement.

2. Excluded Assets. Notwithstanding anything to the contrary in this Instrument, the Purchase Agreement or in any other document delivered in connection herewith or therewith, the Acquired Assets being transferred pursuant to this Instrument expressly excludes (a) the Excluded Assets and (b), notwithstanding anything in the Purchase Agreement to the contrary, the Lease Agreement between EverBank Commercial Finance and Seller, dated on or about August 28, 2014.

3. Further Documents and Instruments. From time to time, as and when requested by Purchaser, Seller will execute and deliver, or cause to be executed and delivered, all such documents and instruments and will take, or cause to be taken, all such further or other actions, as Purchaser or its successors and permitted assigns may reasonably deem necessary or desirable to sell, transfer, convey and assign more effectively to Purchaser the Acquired Assets.

4. Successors and Assigns. This Instrument will be binding upon and inure to the benefit of the parties hereto and their respective successors and assigns.

5. Inconsistencies. To the extent that any provision of this Instrument is inconsistent or conflicts with the Purchase Agreement, the Purchase Agreement will control. Nothing in this

Agreement is intended to supersede any of the terms, agreements, representations or warranties of the Parties set forth in the Purchase Agreement.

6. Amendments. No amendment of any provision of this Instrument will be valid unless the same will be in writing and signed by Seller and Purchaser.

7. Severability. If any provision of this Instrument or the application of any such provision to any person or circumstance will be held invalid, illegal or unenforceable in any respect by a court of competent jurisdiction, such invalidity, illegality or unenforceability will not affect any other provision hereof.

8. Counterparts. This Instrument may be executed in two or more counterparts (including via facsimile or other electronic means), each of which will be deemed an original, but all of which together will constitute one and the same instrument.

9. Notices. All notices, requests, demands, claims and other communications hereunder will be delivered to the parties as provided in the Purchase Agreement.

10. Governing Law. This Instrument will be governed by and construed in accordance with the internal laws of the State of Illinois applicable to agreements made and to be performed entirely within such State, without regard to conflicts of laws principles (whether of the State of Illinois or any other jurisdiction) that would cause the application of the laws of any jurisdiction other than the State of Illinois.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, this Omnibus Bill of Sale and Assignment is duly executed and delivered as of the date and year first above written.

APOLLO SURGICAL CENTER, LLC, an
Illinois limited liability company

By: _____

7(1)(b)

Vera Schmidt, a Manager

UROPARTNERS SURGERY CENTER, LLC,
an Illinois limited liability company

By: _____

Richard G. Harris, M.D., Manager

IN WITNESS WHEREOF, this Omnibus Bill of Sale and Assignment is duly executed and delivered as of the date and year first above written.

APOLLO SURGICAL CENTER, LLC, an
Illinois limited liability company

UROPARTNERS SURGERY CENTER, LLC,
an Illinois limited liability company

By: _____
Vera Schmidt, a Manager

By:  _____
Richard G. Harris, M.D., Manager